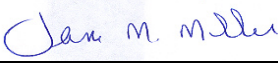
 United States Environmental Protection Agency 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001		<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide – Section I			
1. Company/Product Number 54555-U		2. EPA Product Manager C. Rodia	
4. Company/ Product (Name) AlzChem Trostberg GmbH/ AlzChem Forchlorfenuron Technical		3. Proposed Classification PM # 22 <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) AlzChem Trostberg GmbH Dr.-Albert-Frank Str., 32 D-83308, Germany <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i) my product is similar or identical in composition and labeling to: EPA Reg. Nos: <u>71049-2</u> Product Name(s): KT-30 Technical	
Section – II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other – Explain below.	
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) D-568527 – Resubmission of Data Matrix, EPA Form 8570-34, and draft label. Jane Miller, Agent: jmiller@biologicconsulting.com			
Section – III			
1. Material This Product Will Be Packaged In:			
Child Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify): HDPE, poly bags
*Certification must be submitted		If "Yes" Unit Packaging Wt.	No. Per Container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 10, 20 kg	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Stenciled <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Other		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling Accompanying Product	
Section – IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application).			
Name Jane M. Miller	Title Agent	Telephone No. (Include Area Code) 239-331-3422	
Certification			6. Date Application Received (Stamped)
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			
2. Signature 		3. Title Agent	
4. Typed Name Jane M. Miller		5. Date January 12, 2022	